

ISSUE SLIP STAMP AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | 700 | | 6/21/99 |
| O.I.P.E. CLASSIFIER | | | 6/24/99 |
| FORMALITY REVIEW | | | 7/1/99 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 2/13/00 |
| 2 | ✓ | ✓ | 2/13/00 |
| 3 | ✓ | ✓ | 2/13/00 |
| 4 | ✓ | ✓ | 2/13/00 |
| 5 | ✓ | ✓ | 2/13/00 |
| 6 | ✓ | ✓ | 2/13/00 |
| 7 | ✓ | ✓ | 2/13/00 |
| 8 | ✓ | ✓ | 2/13/00 |
| 9 | ✓ | ✓ | 2/13/00 |
| 10 | ✓ | ✓ | 2/13/00 |
| 11 | ✓ | ✓ | 2/13/00 |
| 12 | ✓ | ✓ | 2/13/00 |
| 13 | ✓ | ✓ | 2/13/00 |
| 14 | ✓ | ✓ | 2/13/00 |
| 15 | ✓ | ✓ | 2/13/00 |
| 16 | ✓ | ✓ | 2/13/00 |
| 17 | ✓ | ✓ | 2/13/00 |
| 18 | ✓ | ✓ | 2/13/00 |
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| 20 | ✓ | ✓ | 2/13/00 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet her

(LEFT INSIDE)